

Department of Police * City of Chicago 3510 South Michigan Avenue * Chicago, Illinois 60653

| Date | 25 | October 2011 |
|-------------|----|--------------|
| Re: C. L. N | | 1049352 |

Dear

A complaint against a Department member, registered under the above Complaint Log (C.L.) Number, is currently under investigation by the Chicago Police Department.

A vital step in the investigation is an interview with the person who registered the complaint as well as witnesses. This step is essential in order to conduct a complete and thorough investigation.

Please contact me as soon as possible so that I can make arrangements to meet with you regarding the incident under investigation. The following information is provided so that you can contact me without unnecessary inconvenience:

Name: Agent Charles Breckenridge #8099

Address: 3510 S. Michigan, Chicago, IL 60653

Telephone: 312-745-6310

Hours Available: Mon thru Fri,7:00 a.m. - 3:00 p.m.

Sincerely,

Emergency: 9-1 -1 * Non-Emergency: (Within City limits) 3-1 -1 * Non-Emergency: (Outside City limits) 312-746-6000 TTY: 312-746-9715 * E-mail: police@ci.chr.il.us * Website: www.ci.chr.il.us/CAPS

P. A. Charl Busher * 8099

CPD-44.223 (REV. 1/07)

C. R. 1049355 ATTACHMENT # 7

CPD 0006842



City of Chicago Department of Police 3510 South Michigan Avenue Chicago, Illinois 60653

Breckenridge, Unit 121 CL#1049352

| A CONTRACTOR OF THE CONTRACTOR | ment in the contract region of the contract of | | | |
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| SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X. | | | |
| | 3. Service Type X Certified Mall Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. | | | |
| | 4. Restricted Delivery? (Extra Fee) Yes | | | |
| Article Number (Transfer from service label) | | | | |
| Do Form 3811 February 2004 Domestic Return Receipt 102595-02-M-1540 | | | | |
| United States Postal Service | First-Class Mail Postage & Fees Paid USPS Permit No. G-10 | | | |
| Sender: Please print your name, | Sender: Please print your name, address, and ZIP+4 in this box • | | | |
| Internal Affairs Divisi | c/o Breckenridge | | | |
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ATTACHMENT # 7
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CPD 0006843